

Board of Cosmetology  
2515 Warren Ave., Suite 302  
Cheyenne, WY 82002; Phone (307) 777-3534

**APPLICATION FOR NEW INDEPENDENT CONTRACTOR LICENSE**  
**(Print or Type In Black Ink)**

1. Independent Contractor licenses expire on August 31st of each year and must be renewed on or before that date, Late renewal fees will be imposed for late license renewals as is stated on the renewal application. **NO REMINDER NOTICES ARE SENT.**
2. An Independent Contractor's license cannot be transferred to another Independent Contractor. A new Independent Contractor must apply for a new license.
3. **If you relocate, you must take your independent contractor license and inspection sheet.**

**Return fee of: \$65.00 with this application. Independent Contractors must practice within licensed salon or in accordance with Wyoming Rule, Chapter 9.**

Date \_\_\_\_\_

Type of personal license \_\_\_\_\_

Your name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home & Mailing address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Personal license # \_\_\_\_\_ Salon license# \_\_\_\_\_ Phone ( ) \_\_\_\_\_ (work) ( ) \_\_\_\_\_ (home)

Cell Phone ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

At the time of application what Salon are you working in? \_\_\_\_\_ City \_\_\_\_\_

The undersigned says that he/she is acknowledging that the foregoing statements are made in good faith and are true in every respect.

Signature of Licensee \_\_\_\_\_

**(If you are the owner of a salon, you do not need an Independent Contractor's license)**

To pay with Credit Card please complete the last form.

**For Board Use Only:**

Date Processed \_\_\_\_\_

Amount Processed \_\_\_\_\_

Authorization Code \_\_\_\_\_

(This information will be shredded after processing)

To pay with Credit Card please complete the following form.

**A convenience fee of \$4.00 will be charged for credit card use for a total of \$69.00.**

**WHEN COMPLETING CREDIT CARD INFORMATION USE BLACK INK AND PRINT CLEARLY**

Indicate card using:

- ☐ VISA  
☐ MASTERCARD  
☐ DISCOVER

Card Number \_\_\_\_\_ CVVC Code \_\_\_\_\_ (on back of card)

Expiration Date \_\_\_\_\_ Phone # (307) \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_